

the patient protections in a significant way.

I just wanted to mention a couple more things, just by way of contrast. With regard to continuity of care for patients, in other words, when a doctor is dropped from a network or an employer changes insurance plan, in the Senate bill it leaves out protection for all Americans who are not terminally ill, pregnant, or hospitalized. It provides only 90 days of continued care for terminally ill or hospitalized patients, forcing them to change doctors or hospitals even if they live longer or have not been discharged from the facility.

Most important, though, and I think this really gets to the heart of the debate, in the Senate bill, and this goes back to what I said before, Mr. Speaker, the key really to this HMO reform is who is going to define what is medically necessary and how are they going to enforce their rights if they have been denied care that they and their physician think is medically necessary.

Well, in the Senate bill, in the Senate Republican bill, the HMO continues to define what is medically necessary. No matter how narrow or unfair to patients the HMO's definition is, their definition controls in any coverage decision, including decisions by the independent third-party reviewer.

So what that says is that, if my physician and I feel that I need a particular operation and the HMO denies it, even if I go to an outside reviewer, they are only reviewing the HMO's definition of what is medically necessary; they cannot go beyond that definition. So if the HMO defines what is medically necessary in a way that would preclude that particular operation procedure, it does not matter whether they go to an outside panel or if they go to court, or whatever, because the bottom line is the HMO is going to decide what is medically necessary.

I could go on and on and talk about so many other things in the Senate bill. It does not ensure doctors can talk about the HMO's financial incentives or its processes. It does not prohibit the gag clauses that I talked about before. In terms of information that is provided to patients when they sign up for their HMO, it is very limited in the Senate version.

And so, again, the point that I am trying to make is that we can hear my colleagues on the other side of the aisle talk all they want about how they want to pass good HMO reform, but the only way that is going to happen is if this conference comes up with a bill that is very much like the House passed Patients' Bill of Rights. Without that, if the bill comes out similar to the Senate version, in effect, the Congress would have failed in its responsibility to enact true HMO reform.

The one other thing that I wanted to mention in the context of the Patients' Bill of Rights and HMO reform, the Republican leadership in the House, when they passed the Patients' Bill of Rights, attached to it a number of pro-

visions which I call poison pills. These are provisions that really have nothing to do with patient protections but which the Republican leadership claim also address some of the access problems for the uninsured.

We do not have a consensus in the House or in the Senate at this point on how to deal with the problem of the uninsured. Obviously, as I mentioned before, the Democrats and myself feel very strongly that is what is needed is a major effort through legislation both monetary as well as a change in policy that would allow children, the parents of children who are not covered, and the near elderly, at a minimum those groups, to be insured.

The President has talked about, as I mentioned before, a major new initiative that expands the kids' health insurance to sign up more kids, to sign up the parents of those kids that were uninsured and to make it possible for people who are 55 or 65 to buy into Medicare or to even have a subsidy or a tax credit so they could afford to do so.

What the Republicans have done with the Patients' Bill of Rights, they have attached provisions which they claim are going to address the problems of the uninsured but do not effectively do so. They have attached provisions that would expand MSA, medical savings accounts.

Medical savings accounts are a device whereby, under Medicare, for example, rather than buy an HMO or traditional fee-for-service policy, they could buy a policy whereby they get a lump sum; and if they do not use a certain amount of their care over the course of the year, that money is paid back to them in a check that they can use to go on a vacation or to buy a car, whatever they want to do.

Basically what it does is to create a situation where they are kind of gambling with their health, if you will. They assume that they will not have certain expenses; and they, basically, establish a threshold, if you will, for the level of care that if they do not meet they pay out of pocket up to that certain threshold. And it has not worked.

I mean, basically, very few Americans have signed up for medical savings accounts. And the whole idea is, essentially, something that very few seniors or anybody is responding to. But the Republican leadership says, oh, this is a great idea. This is a great way of expanding health insurance. Well, I do not see how it accomplishes that at all.

They also have HealthMarts and they have other devices that supposedly are going to make it possible for more people to have health insurance but, in fact, do not accomplish that at all.

What I see happening here, without getting into the details of it, is, rather than addressing the Patients' Bill of Rights and trying to come to a consensus on the HMO reform that the majority of the people in the majority of this Congress have supported, they now

are trying to muck up this whole issue by talking about these access issues for which there is no consensus and which will simply delay any action on the Patients' Bill of Rights and on HMO reform in this Congress.

And so, what I have said to my colleagues, and I will say again, Mr. Speaker, is let us pass a good Patients' Bill of Rights; let us deal with the HMO reform issue, which is now ripe, which overwhelmingly the people and the Members of Congress have voted for in this House and support; let us go with the House version; let us send this to the President, because he says that he will sign it; and let us make this the first priority to show that that Congress can accomplish something that is important to the American people on a bipartisan basis.

I know that I, as a Democrat, and my colleagues on the Democratic side, including those of us who are conferees, will continue to insist on that, insist that the conference meets, that we come up with a strong Patients' Bill of Rights similar to the House version, and that we get it to the President so that we can have a great accomplishment and a great victory for the American people. And we will be back here many times in the evening demanding that that happen. Because the Republicans are in the majority and they control the process, and it is up to them to make sure that this happens, with bipartisan support from the Democrats.

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LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DEFAZIO (at the request of Mr. GEPHARDT) for today and the balance of the week on account of illness.

Mr. STUPAK (at the request of Mr. GEPHARDT) for today on account of medical reasons.

Mr. RUSH (at the request of Mr. GEPHARDT) for today on account of official business.

Ms. CARSON (at the request of Mr. GEPHARDT) for today on account of official business.

Mr. BAIRD (at the request of Mr. GEPHARDT) for today on account of an unavoidable family matter.

Mrs. CAPPS (at the request of Mr. GEPHARDT) for today on account of a death in the family.

Mr. SCHAEFFER (at the request of Mr. ARMEY) for today on account of official business.

Mr. SAXTON (at the request of Mr. ARMEY) for today on account of illness in the family.

Mr. CALLAHAN (at the request of Mr. ARMEY) for today and the balance of the week on account of a death in the family.

Mr. KASICH (at the request of Mr. ARMEY) for today on account of personal reasons.